Attention IPA Candidates:  
Join us!

Sign up today & Expand YOUR Psychoanalytic Connections!

Who’s eligible? Candidates in clinical psychoanalytic training at an International Psychoanalytical Association (IPA) component society are now eligible for candidate membership in APsaA

CANDIDATE MEMBERSHIP benefits:

• The first calendar* year of membership is ONLY $30 and a reduced dues structure thereafter
• Eligibility for a variety of reduced rate insurance products including professional liability
• Listing in online Find an Analyst directory
• Social and scientific Networking opportunities
• Access to members-only email discussions and the opportunity for referrals
• Reduced APsaA Meeting registration fees

• Subscription to APsaA’s premier quarterly magazine, The American Psychoanalyst

• The Candidate Connection - newsletter that focuses on issues important to candidates by candidates

• Complimentary subscription to JAPA, the Journal of the American Psychoanalytic Association for the first year of membership plus reduced subscription rates thereafter

CANDIDATE MEMBERSHIP benefits:

*First Calendar Year: June Meeting. Half-year

HOW TO APPLY FOR CANDIDATE MEMBERSHIP

1. Please complete the attached acceptance form for clinical candidates enrolled in psychoanalytic training at an Institute of an IPA component society
2. Have the application signed by the Director or President of your IPA Society/Institute where you are enrolled
3. Mail the completed form along with a check for $30 made payable to APsaA to the below address by:
   • DECEMBER 15 for the National (January) Meeting
   • MAY 27 for the Annual (June) Meeting

Membership will be announced and become effective at the January or June Meeting of Members.

• New members are formally accepted into the Association twice a year at APsaA’s National (January) or Annual (June) Meeting of Members. The form must be returned NO LATER than the deadlines for membership to become effective at the corresponding meeting. Membership acceptance forms that arrive after the deadlines will become effective at the subsequent meeting.
• The Candidate Member category of membership is for clinical candidates. Please contact the National Office with any questions.

Questions? Call 212-752-0450 x26 or Email: membership@apsa.org

American Psychoanalytic Association | 309 East 49th St | New York, NY 10017-1601 | apsa.org
# Candidate Membership Acceptance & Information Form

**Candidates in Clinical Psychoanalytic Training at an IPA Component Society**

Please complete / mail with a $30 check (US$ on US bank) by deadline (May 27 or December 15) to:
American Psychoanalytic Association, 309 East 49th St, New York, NY 10017-1601

Questions? Contact APsaA’s Membership Services: 212-752-0450 x26 ● EMAIL: membership@apsa.org

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### ID#: [ ]

### Name: [ ]

**Degree** (i.e. MD, MSW, PsyD, etc.): [ ]

### PRIMARY MAILING ADDRESS

All Association mail & journals will be sent to this address. NOTE: This address will appear in the Find an Analyst (FAA) Online Directory unless you notify us not to.

( )Business -or- ( )Home [check-off]

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**Yes, I accept membership as a Candidate Member of the American Psychoanalytic Association.**

IPA Psychoanalytic INSTITUTE/SOCIETY Name:

### Year in CLINICAL Training: [ ]

### Date Accepted as Candidate: [ ]

### Date began CLINICAL Training: [ ]

**Note:** The Candidate Member category of membership is for clinical candidates. Please contact Membership Services with questions.

### BIOGRAPHICAL INFORMATION

Date of Birth: [DOB will be used to establish Senior Membership after graduation]

Name of Spouse/Partner: *(Optional)*

Marital Status: *(Optional)*

### EDUCATION

Medical / Graduate School:

Year of Graduation:

Psychiatric Residency / Clinical Internships:

Dates:

Other Graduate Training:

Year of Graduation:

**Signature:** [ ]

**Date:** [ ]

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Page 1 of 2 | Both pages of the application need to be completed and returned to APsaA for consideration.

American Psychoanalytic Association | 309 East 49th St | New York, NY 10017-1601 | apsa.org

5-11-16 Code: website
Candidate Membership Acceptance & Information Form
For Candidates in Clinical Psychoanalytic Training at an IPA Component Society

IPA Society completes Page 2. Applicant to mail completed application for receipt by deadline (May 27 or December 15) to: American Psychoanalytic Association, 309 East 49th St, New York, NY 10017-1601
Questions? Contact APsaA’s Membership Services: 212-752-0450 x26 • membership@apsa.org
IPA Society may return this page by scan/email directly to APsaA.

Name of Applicant for APsaA Candidate Membership:

Training Verification Page
For completion by IPA Society

INSTITUTE OF A COMPONENT SOCIETY OR PROVISIONALLY APPROVED COMPONENT SOCIETY OF THE INTERNATIONAL PSYCHOANALYTICAL ASSOCIATION (IPA)

☐ I hereby certify that the applicant is a candidate accepted for clinical training or is receiving clinical training in psychoanalysis at this Component Society of the IPA. I further certify that the candidate is in good standing at the Institute/Society and to the best of my knowledge the character and professional ethics of the applicant are compatible with membership as a Candidate Member of the American Psychoanalytic Association (APsaA).

Candidate Membership is contingent upon the applicant remaining a candidate in training.

☐ Therefore, I confirm that this Component Society of the IPA will inform APsaA if this candidate graduates from clinical psychoanalytic training or is no longer a candidate in clinical training.

Signature (Director or President of IPA Component Society): ____________________________ Date: ____________________________

Print Name and Title: ____________________________

Name of Component Society of IPA: ____________________________ Telephone: ____________________________

Society Address: ____________________________ Email: ____________________________

Use Below for Future Correspondence to APsaA: Please make a copy of this form to keep in the candidates’ file for future notifications.

☐ GRADUATION NOTIFICATION

This is to confirm that the following candidate has Satisfactorily Completed Our Course of Training in Clinical Psychoanalysis and has Graduated:

Candidates’ Name: ____________________________ GRADUATION Date: ____________________________

Candidates’ Current Mailing Address: ____________________________ Candidates’ Current Email/Phone: ____________________________

Representative of Component Society of IPA (Name & Title): ____________________________ Comments: ____________________________

Authorized Signature: ____________________________ Today’s Date: ____________________________

☐ RESIGNATION/DROPPED NOTIFICATION

Please be advised that the following candidate has been dropped or has resigned and is no longer a candidate in our clinical psychoanalytic training program:

Candidates’ Name: ____________________________ Date of DROP/RESIGNATION: ____________________________

Candidates’ Current Mailing Address: ____________________________ Candidates’ Current Email/Phone: ____________________________

Representative of Component Society of IPA (Name & Title): ____________________________ Comments: ____________________________

Authorized Signature: ____________________________ Today’s Date: ____________________________